

Community Options for PALS Residents

February 9, 2001



"If we place people in institutions that don't meet their needs, we haven't done our job. We need to assess each patient and place them in a setting best suited for their condition."

Dennis Braddock
DSHS Secretary

To protect privacy, actual client photos are not used in this document.

Washington State Hospital Legislative Intent

To prevent inappropriate, indefinite commitment of mentally disordered persons and to eliminate legal disabilities that arise from such commitment.

– RCW 71.05.010(1)

To encourage, whenever appropriate, that services be provided within the community.

– RCW 71.05.010(6)

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THE PROGRAM FOR ADAPTIVE LIVING SKILLS (PALS) at Western State Hospital was designed as a transitional program for patients as they prepared to leave the hospital and return to the community. Over the years, PALS has become a long-term residential facility for patients who do not need inpatient hospital care. Patients who might be better served in alternative settings have remained at PALS due to a lack of available alternatives in their home communities. The Governor's budget seeks to address this by transferring funds from institutions to the community budget for Regional Support Networks, which will expand community options for these individuals.

The lack of community resources available for PALS residents is similar to challenges faced by state hospital adult and geriatric patients addressed in the Governor's budget initiative for transitioning state hospital patients. Similar to these patients, PALS residents are expected to make better progress in more appropriate integrated settings outside the grounds of the state hospital.

DSHS Intends to Meet the Needs of These Patients in the Community

The Mental Health Division, Aging and Adult Services Administration, and the Division of Alcohol and Substance Abuse are working together to provide individual assessments and care plans to transition people like these into current and newly developed community-based care settings. The Governor's proposed budget provides the funding necessary for this transition.

Preparing for the Transition

DSHS is currently assessing each patient to determine appropriate treatment. A policy team chaired by the Deputy Secretary is overseeing the transition planning. Alternative options for state hospital patients may include:

- Placement in a community-based facility designed to serve clients with challenging behaviors.
- Relocation to a residential mental health facility for individuals who are mentally ill and need assistance with basic living skills.
- Case management services to assist with housing, medical care, legal, mental health interventions, and employment needs.

State Hospital Bed and Dollar Adjustments

PROPOSED BED REDUCTIONS

	Current Funding Level	Proposed Level	Reduction	Reduction
TOTAL BEDS	100	0	(100)	100%

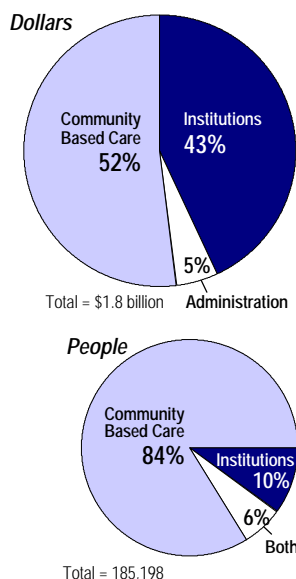
DOLLAR ADJUSTMENTS (IN MILLIONS, ALL FUNDS)

	RSNs	MHD	TOTAL
Increases	\$3.0	\$0.0	\$3.0
Decreases	0.0	(6.2)	(6.2)
TOTAL DOLLARS	\$3.0	(\$6.2)	(\$3.2)

FTE Adjustments	Base Level FTEs	1 st FY	2 nd FY	Biennial End	Net Change
PALS TOTAL FTEs	70	(23)	(70)	0	100%

Institution vs. Community Based Comparisons

FY 1999 (MHD, DDD, AASA combined)



Who Benefits from this Proposal?

Similar to individuals on the adult and geriatric units at the state hospitals who will be transitioned into community settings, people now residing at PALS who will benefit from this change include:

- Persons with mental illness and other medical needs will be closer to their families while receiving care that is specialized for their needs.
- Patients who require intensive residential support in order to live independently will also be closer to home while they receive independent living support.
- Those with co-occurring mental illness and substance abuse and dependence issues who need integrated services to live successfully in their own communities.
- Individuals with stabilized symptoms of mental illness who will now benefit from a broader array of services available in the community such as supported education and supported employment.

Our State Hospitals Will Continue to Do What They Do Best

- Provide inpatient psychiatric services for people with acute needs.
- Provide assessment and treatment for people committed under chapter 71.05 RCW – the Involuntary Treatment Act.
- Provide forensic services for people committed under chapter 10.77 RCW – the state's Criminal Commitment Statute.

CASE STUDY

The Oregon "Passages" Program

BEGINNING IN AUGUST, 1993, the state of Oregon began the "Passages" initiative consisting of several projects aimed at moving long-term patients from state psychiatric hospitals into community settings. Initial efforts involved 18 projects serving 118 patients and in 1995 two additional projects raised the total number to 155. The efforts involved transitioning persons with severe mental illness from state hospitals into a variety of community support settings including supported housing, group homes, and secure residential settings offering intensive staffing and support for consumers most challenged by community living.

OUTCOMES: A review of the programs conducted in 1997 reported the following outcomes:

- Only 8 percent of individuals in "Passages" programs returned to the hospital.
- Only 25 percent of individuals remaining in "Passages" placements used acute care or crisis services, down from 80 percent in the year prior to "Passages." "Passages" program staff are able to provide effective crisis management without resorting to outside services.
- Even in the most secure residential settings, direct costs to the state were half of the daily rate at state hospitals.
- The majority of consumers in "Passages" programs reported feeling that providers met their needs and treated them with respect.

FINDINGS: The transition efforts of long term state hospital patients into "Passages" programs were deemed successful, resulting in increasing community based options for individuals with severe mental illness, cost savings to the state, and decreases in the utilization of acute care and crisis services as crisis management needs were more effectively met in the new community settings and services.



SOURCE: Oregon Department of Mental Health.